

DMP Management – New Business Tax Client Questionnaire

(For Office use): Client # _____

So that we may better serve you, please take a few moments to complete the following form:

Company name/DBA: _____

Legal Name (if different than above): _____

Business Street Address: _____

City / State / Zip Code: _____

Primary Phone Number (Include area code): _____

Primary Mobile Number (Include area code): _____

Primary Email Address: _____

Entity Type (LLC, S-Corp, C-Corp, etc.): _____

FEIN: _____

State ID Numbers:

State: _____ ID Number: _____

State: _____ ID Number: _____

State: _____ ID Number: _____

Estimated Annual Gross Revenue: _____

Additional Notes/Information you would like to share: _____
